North Carolina Association for Hospital Central Service Professionals will establish itself statewide as the leading educational organization through innovative programs that enhance the development of the Central Service Professionals.
Dear NCAHCSP Members,

CELEBRATE! Our special week is October 12-18. Another year has come and gone and you have delivered materials and instrumentation in a manner that has promoted excellent patient care. Be proud of a job well done.

We would love to hear how you celebrated this special week. With budget cuts and short staffing it can be a challenge but let’s all plan to do something to promote our department. Write a letter in your hospital newsletter.

One day during our celebration week I make funnel cakes for everyone. It’s easy and inexpensive. Don’t forget to celebrate each other. Tell someone when they do a great job. Brag on that person that is a real team player.

Elections will be here soon. If you would like to run as a board member we will need a willingness to serve form and bio before the November 7th meeting. It is a wonderful way to learn and network. It is also a lot of work so think about it seriously.

We are looking forward to seeing as many of you as possible in November. Mark you calendars for the next meeting in Winston Salem November 7th. Keep up the good work!

Thank you for the opportunity to serve.

Judith M Carey
RN, CSPDT
President-NCAHCSP
Communication-Is it Necessarily Vital with Vendors?
Katrina Simpson, B.S., CST, CSPDT
NCAHCS Board of Directors

Objectives

- Define Communication and why it is necessary in healthcare
- Discuss what role the vendor plays when communicating with SPD.

You’ve just finished breaking down 10 dirty case carts within the decontamination room, and all of a sudden here comes in this tall gentlemen dressed in a bunny suit with 10 crates of instruments. You’re in a state of dismay. You just finished decontaminating the last portion of instruments that came off the dumbwaiter, and you have 30 minutes until the end of your shift. Suddenly, the vendor glares at you and states, “I need these instruments processed like yesterday because Dr. Rosen-Needle has an anterior/posterior fusion starting within the next hour”. Still in dismay, you glance at your washers, and notice that they are all filled to capacity with the last loads of instruments you cleaned and decontaminated. You can feel your temperature reaching boiling point. What nerve this guy has, with his demands that you get all twenty instrument sets processed ASAP without appropriately relaying any communicating earlier. Not only have you been bombarded with 30 instrument trays that are needed stat, but you have less than 30 minutes left in your shift, and you’ve been slammed all day. Does this scenario sound familiar to anyone? Would you have been so furious with the vendor if you were properly notified?

Communication is a tool we use that transfers information from one point to the other. There are several forms of communication that include: verbal, non-verbal, visual, and written. Verbal communication is a form of spoken, radio prompted, and/or any other form of media communicated through sound. Self-confidence as well as knowledge of what is being communicated plays an integral role in whether our verbal communication is good communication. Non-verbal communication can be expressed by the way we use facial expressions and/or body gestures to send out messages. Sign-language is another way a person can express themselves non-verbally. The shape and/or form of our facial expressions and body gestures can insinuate a positive or negative form of communication. Written communication can come in the form of an email, letter, memos, reports, or articles just to name a few. A certain positive or negative tone can also be communicated through written components. Using an exclamation mark or all bold letters can indicate an urgency or angry tone. Visual communication can come in various forms including: displays of posters, photography, charts, and/or signs. When communicating the sender submits a message through a specific channel to a receiver(s), who then encodes the message that was communicated to them. If the receiver doesn’t process the message appropriately a barrier can form resulting in the initial message being misconstrued. Communication is vital in the healthcare setting. Within the central processing department communication is deemed critical, and necessary for over-all patient safety.

Everyone including outside vendors must do their part when communicat-
ing their needs to the central processing department. A vendor is most known as an outside representative or supplier that is offering some sort of product and/or equipment for sale. In healthcare there are numerous vendors for several different departments within medical facilities that offer products for certain critical/non-critical, illnesses, surgical procedures, patient-support, pharmaceutical care, and more. Most often vendors within the central processing department are suppliers of surgical instrumentation that can be used for various surgical procedures including, but not limited to:

- Total joint arthroplasty
- Spinal fusions
- Femoral fractures
- Penile implants
- Coronary artery bypass
- Laparoscopic-assisted vaginal hysterectomies
- Lung transplants

It is imperative that when these vendors come within the sterile processing department that they are educated on how SPD retrieves surgical loaner trays that need re-processing and sterilizing. Vendors have to be oriented on the work and traffic flows of the sterile processing department. It should be firmly communicated that vendors should never enter the decontam room without the appropriate personal protective equipment.

Have you ever had an instrument set come down to the decontam area completely soiled and assembled? Did you know how to disassemble the set appropriately to ensure optimal cleaning?

Was the OR staff responsible for disassembling the instrument sets before they came down to be decontaminated? What is the department’s policy for handling loaner trays? All of the answers to these questions should be communicated to the staff to ensure efficiency and patient safety. In order to decrease the incidence of sentinel events when processing loaner instrumentation the vendor has to communicate with the sterile processing manager. Ideally they should communicate what trays need to be reprocessed within a few of weeks of the surgical procedure. All manufacturers’ instructions for each item needing sterilizing must be present within the department to verify the proper way to reprocess and sterilize the sets. Management and the vendor can work effectively together by conducting in-services on how to suitably clean, decontaminate, and sterilize any new or existing loaner trays.

Vendors have the obligation to make sure that all instruments are within their specific sets before they are reprocessed. Vendors keep an elaborate inventory of all equipment that goes through the sterile processing department. If there is an item missing that should be in the set, SPD has the duty to communicate the item missing to the vendor. This allows the vendor to either communicate the item missing to the surgeon, or the opportunity to replace the item before the tray is reprocessed. Communication is an integral part of optimum functioning within the sterile processing department when correlating with outside vendors. It can save everyone in the department anxiety, stress, and confusion when having to re-process 30 loaner trays for a case for Dr. Rosen-Needle.
1. Verbal and non-verbal communication is the only identifiable types of communication.
   TRUE     FALSE

2. Non-verbal communication can only be expressed by the way we use our facial expressions.
   TRUE     FALSE

3. Exclamation marks or all bold letters in written content can indicate an urgency or angry tone.
   TRUE     FALSE

4. Effective communication is not necessary for overall patient safety.
   TRUE     FALSE

5. Vendors within the central processing department are mainly utilized for in-services pertaining to appropriate PPE use.
   TRUE     FALSE

6. It is protocol for vendors to enter the decontamination room without the appropriate personal protective equipment.
   TRUE     FALSE

7. Sentinel events can be reduced when processing loaner instrumentation if the vendor communicates with the sterile processing manager and provide manufacturer’s instructions for use.
   TRUE     FALSE

8. It is essential for managers and vendors to communicate on how to suitably clean, decontaminate, and sterilize any new or existing loaner trays.
   TRUE     FALSE

9. An extensive inventory is kept for all instrumentation going in and out of the CPD department.
   TRUE     FALSE

10. Effective communication plays a role in reducing departmental stress and anxiety.
    TRUE     FALSE

To receive one contact hour complete the quiz after reading the article and send the quiz only, via normal mail to:
Lana Haecherl
PO Box 568
Pineville, NC 28134

DO NOT SEND QUIZ CERTIFIED
Your certificate will be sent via email if your score is greater than 70%
If you are not a member of NCAH CSP please include a fee of $20.00
Please allow at least six weeks for processing
NAME:________________________________

EMAIL:_______________________________

PHONE NUMBER:________________________
Dear Steamy,
A hospital close to us, recently had a scare with “CJD”. Can you tell me more about this and why everyone was so concerned?
Thank you,
A Concerned Technician

Dear Concerned Technician,
CJD stands for Creutzfeldt - Jakob disease aka transmissible spongiform encephalopathy (TSE). It is a rare, degenerative neurological disorder that is incurable and fatal. CJD is caused by a “prion” which is an improperly “folded” protein. The folded protein replicates itself, which eventually causes “holes” to develop. These holes make the brain tissue look like a sponge. CJD is usually transmitted by diseased harvested tissue (e.g. brain products, corneal or dural grafts, spinal cord fluid etc.) or contaminated instruments. Many times the surgeon doesn't know the patient has CJD until the skull is open and “sponge-like” brain tissue is uncovered, or, in early stages, a biopsy returns the diagnosis.
Patients usually present with rapidly progressive dementia that may include memory loss, personality changes, anxiety, depression, etc., but definitive diagnosis is by biopsy or autopsy. Since the disease is fatal, a biopsy is only recommended to rule out a treatable disorder since the affected area of the brain may not be the area biopsied. Patients usually live an average of 6-24 months after initial symptoms appear, and there is no known treatment or cure.
The prion is not inactivated by the usual process of cleaning and sterilizing instruments. The current recommendation by the CDC is to destroy instruments as soon as possible after use. There are other methods used to treat contaminated instruments, but these processes are very harsh and they usually render the instruments unusable. Most hospitals have a policy and procedure in place for times when CJD is suspected prior to surgery, which includes minimal instruments in a disposable tray, as well as precise instructions on how to clean the room and dispose of trash. They also have a policy and procedure in place for when a case is suspect while in the OR. Usually the instruments, trash, equipment, etc., will be kept quarantined until a definitive diagnosis is returned in two or more weeks. Check with your SPD and/or OR leader to obtain a copy of the policy so you will be an informed employee.

Thank you for asking,
Steamie

www.ninds.nih.gov/disorders/cjd/detail_cjd.htm
As changes happen in our personal lives, changes are more so now evident to happen within our profession as well.

In these days & ages it's hard to slow down and just think about the profession that we are in today!

We often do not take the time to think about important things in our professional career paths.

We are just way too busy now a days!

Take time to think things thru & then take the action steps necessary to make the most out of whatever situation you are currently in within your own professional career path.

As I look back & reflect over the past 20 years that I have been working within Sterile Processing, I have come to the realization that I am truly blessed to still be a part of a healthcare industry that impact some many patient lives in a positive way & on a daily bases as well.

We as a group of SPD professionals are also truly blessed to be a part of this wonderful organization made up of some of the best of the best professional within the world of Sterile Processing.

Our association support & provide lots of education, training & additional resources to help all Sterile Processing professional to be the best professional that they can be within the world of Sterile Processing.

Changes will come & it will take uncompromising dedication professionals like us in the world of Sterile Processing to keep up to date with all of the changes surrounding technology, practices & procedures as they relate to the world of Sterile Processing.

Take full advantage of the resources that are offered to you as professional by vendors, associations, leaders, magazines, training seminars, etc.

Do not find yourself falling behind not understanding the changes & latest advancements made within Sterile Processing profession, there are lots of resources available to you!
Preparing items for sterilization in a pouch appears to be a simple task but, if not understood or carried out correctly it can lead to enormous issues. There are guidelines that must be followed, and it is essential that correct procedures are adhered to. Networking with educators, vendors, and other sterile processing departments, has taught me that what may appear effortless may be quite the contrary. It is important to do a little review of the do's and don'ts of preparing peel pouch items for sterilization.

Let's review:

1. Choose the correct size pouch for the item. If the item is too large this can cause the pouch to open at the seams and contamination occurs. The seal cannot be compromised.
2. Follow the manufacture recommendations on the pouch selected for processing. When a new item is received by your department, please note that all pouches have IFUs. It is an excellent idea to review the IFU's when choosing the correct method of packing.
3. When double peel packing method is preformed, the inner pack must fit completely into the outer pouch. The edges cannot be folded in at any point. If folded, this can cause the item not to receive the correct amount of the sterilant intended for the sterilization process (i.e. steam ETO, gas plasma).
4. If using an indicator or an integrator in the pack, place it in an area where it can easily be seen once the process is complete. The end user must be able to verify that the package was properly sterilized.
5. When using a self-seal pouch remember to fold only the protective strip over to seal the pouch. If it is not sealed correctly it can cause contamination.
6. Remember to stand pouches on their edge for sterilization and place paper against plastic.
7. Label the pouch only on the plastic area of the pouch. Do not write on the paper side of the pouch as this could cause strike-through.
8. Do not place pouches inside wrap sets nor inside of sterilization containers. Using a small perforated box or steam bag inside a wrap or container set would be a better solution for small delicate items.

After a review of the process of packing a sterilization pouch, I found that there is no easy or simple task associated with our profession. We serve many people, and with that service emanates responsibility in which we take great pride and pleasure. Remember these are our patients and sometimes these patients are our own family members. Doing a thorough job means good customer service to which we all are dedicated.
A big THANK YOU to Stacie Patterson for planning our summer meeting held on August 22nd!

THANK YOU SPEAKERS
Ann Burke   Steris
Jordan Barnes   GHS
Jayne Lee   FirstHealth
November 7, 2014 is when our fall meeting will take place in Winston Salem at the Hawthorne Inn and Conference Center. A big THANK YOU to Ann Murdock for planning this meeting it’s a packed agenda with presentations on instrument and asset management, ETO, and team building. Please make sure to join us.

NCAHCSN ANNUAL MEETING

April 22—24, 2015

Please make plans now to join us down in Myrtle Beach, SC for our annual meeting.

**Vendors please be sure to reserve your booth now.**
Funnel Cakes

2 beaten eggs
1 ½ cups milk

2 cups sifted flour
½ tsp salt
1 tsp baking powder

2 cups cooking oil

Mix eggs and milk together in small pitcher. Sift dry ingredients together and add to eggs and milk. Beat well with mixer until smooth.

Heat cooking oil to 360 degrees. (I use an electric skillet) Place finger over funnel hole and pour in ½ cup of mixture. Swirl in hot oil 3 min turn and cook 1 min. Dry on paper towel. Sprinkle with powdered sugar.
Serves 4-6
Are you interested in becoming a member of the board?

The chapter will be holding elections for the upcoming year starting in November. If you think you might be interested, please check out the requirements for running for the board found on-line in the chapter’s website. You can also find a willingness to serve form there as well. The Chapter needs you!!